



दामोदर घाटी निगम/ DAMODAR VALLEY CORPORATION
कार्यपालक निदेशक (मा.सं.) का कार्यालय/ OFFICE OF THE EXECUTIVE DIRECTOR(HR)
डीवीसी टावर्स : वीआईपी रोड/ DVC TOWERS : VIP ROAD
कोलकाता-700054/ KOLKATA-700054

No.PL-IR/Post Retirement Medical Benefit/2021/-72


Date: Jan. 24, 2022

OFFICE CIRCULAR

Sub: Modalities i.r.o. Contributory Post-Retirement Medical Assistance Scheme.

1. A comprehensive "Contributory Post-Retirement Medical Assistance Scheme (CPRMAS)" was introduced vide Corporation's O.C. No. PL-IR/ Post Retirement Medical Benefit/2021/563 dated 01.07.2021, to provide post retirement medical benefits to the retirees and their spouses. The scheme caters retirees, who have retired /separated from the services of the Corporation under any of the GPF, CPF & NPS establishments. Further, modalities in this regard was communicated vide Corporation's O.C. No. PL-IR/Post-Retirement Medical Benefit/2021/-795 dated 08.09.2021.
2. To further streamline the system and for better facilitation of the retirees (covered under NPS/CPF) and their spouses, Annexure-A & Annexure-B of the aforesaid O.C. dated 08.09.2021 have been modified and enclosed herewith. Corporation's OC dated 08.09.2021 is modified to the above extent.
3. This issues with the approval of the competent authority.

Encl.: As stated.


24.01.22

(राकेश रंजन/Rakesh Ranjan)
कार्यपालकनिदेशक(मा.सं.)/Executive Director (HR)

Distribution:

1. As per List 'C'.
2. Employee's Portal/ Pensioner's Portal.

(To be submitted by the NPS/ CPF employee)



**DAMODAR VALLEY CORPORATION
POST RETIREMENT MEDICAL ASSISTANCE SCHEME**

ENROLMENT FORM

LETTER OF ADMISSION AND AUTHORITY

To
The Director of Health Service
Damodar Valley Corporation
DVC Towers, VIP Road
Kolkata-700054.

Sub.: Application for Contributory Post-Retirement Medical Assistance Scheme.

Dear Sir,

I wish to join the Contributory Post-Retirement Medical Assistance Scheme and request you to admit me as a member in the Contributory Post Retirement Medical Assistance Scheme. I hereby authorize Corporation (DVC) to deduct, as contribution towards the Scheme from my last month's salary/ as per my last month's salary details.

I further agree that this letter of authority shall not be revoked by me.

Name of the employee:

Employee No.:

Name of the Post:

Date of Retirement/ Separation:

Address:

Name of Spouse:

Yours faithfully,

Signature of the Employee/ Retiree/ Spouse of Retiree

Name of the Employee (in Block Letters)

Employee No.:

Designation:

Mobile No.:

Email Id:

Place of Posting:

Date:

Signature of the Head of the Office

Designation

Note:

- Signed application in prescribed format to be sent through proper channel (forwarded with stamp/seal) by the concerned Head of Office.
- Four copies of joint photograph with spouse (colored) duly attested by Head of the Office to be attached.
- Self-attested copies of Aadhaar Card of self and spouse to be attached.
- Self-attested copy of PAN to be attached.
- Medical Identity Card needs to be collected from the Pension section, Head Quarter, DVC, Kolkata by the retired employee.

(ENROLMENT FORM IN RESPECT OF ALREADY RETIRED NPS/ CPF BENEFICIARIES AND THEIR SPOUSES)

DAMODAR VALLEY CORPORATION
POST RETIREMENT MEDICAL ASSISTANCE SCHEMELETTER OF ADMISSION AND AUTHORITY

To
The Director OF Health Service
Damodar Valley Corporation
DVC Towers, VIP Road
Kolkata-700054.

Sub.: Application for Contributory Post-Retirement Medical Assistance Scheme.

Dear Sir,

I wish to join the Contributory Post-Retirement Medical Assistance Scheme and request you to admit me as a member in the Contributory Post-Retirement Medical Assistance Scheme. I have deposited the One-time/ Annual contribution, as applicable, in accordance with the Contributory Post-Retirement Medical Assistance Scheme, as contribution towards the Scheme.

I further agree that this letter of authority shall not be revoked by me. Other relevant details are as hereunder:

Name of the Beneficiary:

Name of the Spouse:

Name of the Post last Held by the employee before retirement:

Date of Retirement/ Separation:

Address:

Date of death of DVC employee/ retiree (in case Spouse is claiming):

Name of Spouse:

Yours faithfully,

Signature of the Retiree/ Spouse of Retiree

Name of the Employee (in Block Letters)
Employee No.:

Designation:

Mobile No.:

Email Id:

Place of Posting:

Date:

Signature of the Head of the Office

Designation

Note:

- Signed application in prescribed format to be sent through proper channel (forwarded with stamp/seal) by the concerned Head of Office, of the retired employee, from where he/ she last served to the Corporation.
- Four copies of joint photograph with spouse (colored) duly attested by Head of the Office to be attached.
- Photocopy of bank transaction for payment of premium of Contributory Post-Retirement Medical Assistance Scheme of DVC to be attached.
- Self-attested copies of Aadhaar Card of self and spouse to be attached.
- Self-attested copy of PAN to be attached.
- Medical Identity Card needs to be collected from the Pension section, Head Quarter, DVC, Kolkata by the retired employee.